

1.) CORPORATION NAME:

DUE DATE: **3/31/2012**

Employee Relocation Council, Inc.

SCC ID NO: **F1742941**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

BANK OF AMERICA CENTER, 16TH FLOOR

1111 EAST MAIN STREET

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4401 WILSON BLVD STE 510

CITY/ST/ZIP: ARLINGTON, VA 22203-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

☒

OFFICER

☐

DIRECTOR

NAME: SUSAN SCHNEIDER
TITLE: PRESIDENT
ADDRESS: 4401 WILSON BLVD SUITE 510
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

☒

OFFICER

☐

DIRECTOR

NAME: PAMELA O'CONNOR
TITLE: VICE PRESIDENT
ADDRESS: 4401 WILSON BLVD SUITE 510
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

☒

OFFICER

☐

DIRECTOR

NAME: MATTHEW SPINOLO
TITLE: SECRETARY
ADDRESS: 4401 WILSON BLVD SUITE 510
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

☒

OFFICER

☐

DIRECTOR

NAME: MATTHEW SPINOLO
TITLE: TREASURER
ADDRESS: 4401 WILSON BLVD SUITE 510
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

☒

OFFICER

☒

DIRECTOR

NAME: MICHAEL WASHBOURN
TITLE: CHAIRMAN
ADDRESS: 4401 WILSON BLVD SUITE 510
CITY/ST/ZIP/CO: ARLINGTON, VA 22203-

NAME:	CORI BEAUDET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	LISA CARAVELLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	MARIO FERRARO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	DAVID GAGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	WILLIAM GRAEBEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	LARS IVERSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	CHRISTOPHER JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	KAY KUTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	EARL LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		
NAME:	JOY MORRISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4401 WILSON BLVD SUITE 510		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22203-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN NORD DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN PFEIFFER DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL PLUMMER DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PANDRA RICHIE DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAT SPARKS DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANITA BLANCHETT DIRECTOR 4401 WILSON BLVD SUITE 510 ARLINGTON, VA 22203-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MATTHEW SPINOLO		MATTHEW SPINOLO, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			